### Sport NZ Rural Travel Fund Form Preview

Applicant Details
indicates a required field
General Details
lame of Organisation or School * Organisation Name
Organisation/School Address: * address
ddress Line 1, Suburb/Town, State/Province, Postcode, and Country are required.
Organisation/School Phone Number *
lust be a New Zealand phone number.
Organisation/School Email *
fust be an email address.
Primary Contact Person * irst Name Last Name
Primary Contact Position
Primary Contact Mobile Phone Number *
lust be a New Zealand phone number.
Primary Contact Email *
lust be an email address.

If you are a Club please give a brief summary of what your club does \*

Organisation or School Details

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If you are a School	l please indicate what decile you are *
1. How many men	nbers belong to your club/school? *
Must be a number.	
2. How many part	icipants aged between 5 & 18 will this travel subsidy b
Must be a number.	
	isinguta ayo ayod batuusan 5 11 2 *
э. ноw many part	icipants are aged between 5-11 yrs? *
Must be a number.	
4. How many part	icipants are aged between 12-18 yrs? *
Must be a number.	
	icipants are female? *
3. How many part	icipants are remaie:
Must be a number.	
6. How many part	icipants are male? *
Must be a number.	
7. Does your appl	ication involve a partnership with a local school / club?
☐ Yes ☐ No	
	ion for competitions outside of normal school hours? *
☐ Yes☐ No	ion for competitions outside of normal school nours?
Funding Detai	S

\* indicates a required field

What is your funding going to be used for?

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<b>Please note:</b> This funding is for local sporting competitions <i>outside</i> of school time only.
Briefly Explain *
Provide a short description (100 words recommended)
How many km's do you need to travel to participate in your competition? *  □ 0-50km's  □ 50-100km's  □ 100km's +
Do you have any disabled individuals who are being supported by this fund? * $\hfill \square$ Yes $\hfill \square$ No
a. If yes, how many will receive support from the fund *
Do you require accessible transport services? *  □ Yes □ No
If Yes are there additional costs associated with this transport *
Please explain these costs
What percentage of your members live in the vicinity of the local authority you are applying to for the rural travel fund? *
Must be a number.
Financial Details
* indicates a required field
Are you registered for GST? *  □ Yes □ No
If yes please write your GST Number in the space provided below *

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Must be a number.

#### Budget

Income	\$ Expenditure	\$
Sport NZ Funding, Other	Costs associated with	
Funds, Your Contribution	travel	
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

Total Income Amount *	Total Expenditure Amount *	Income - Expenditure *
\$	\$	\$
This number/amount is calculated.	This number/amount is calculated.	This number/amount is calculated.
Total Amount Requesto	ed *	
\$		
Must be a dollar amount. How much funding are you a	applying for from this fund?	
Please upload your late Attach a file:	est financial statements *	
Please unload a denos	it slip (in case your applicat	ion is annroyed) *
Attach a file:		ion is approved)

#### **Further Information**

\* indicates a required field

What other funding have your applied for?

This includes any funding applications you have outstanding

Funder	Funding Applied For
e.g. other councils	
	\$
	\$
	\$

### Sport NZ Rural Travel Fund

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\$
\$ \$
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Total Amount of Funding Applied For *  \$ This number/amount is calculated.
<ul> <li>4. Do you have endorsement from your local affiliated club/school for this application for funding? (this is only relevant if the group applying is the regional body). *</li> <li>Yes</li> <li>No</li> </ul>
If Yes - Briefly explain *
If Yes - Attach evidence of this * Attach a file:
Declaration
* indicates a required field
We hereby declare that the information supplied in this application form on
behalf of our club/school is correct.
We consent to Central Hawke's Bay District Council authority collecting the personal contact details and information provided in this application, retaining and using these details and disclosing them to Sport NZ for the purpose of review of the rural travel fund.
This consent is given in accordance with the Privacy Act 1993.
<b>Declaration *</b> ○ I agree with the above declaration
Name *
Title First Name Last Name
By completing
Position *

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